

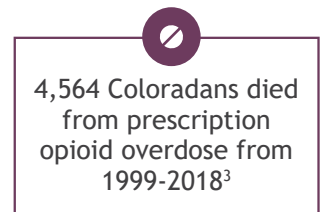
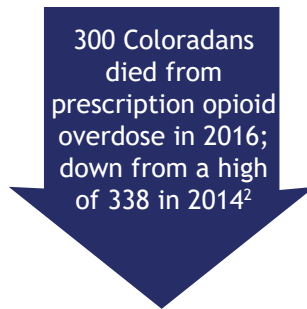
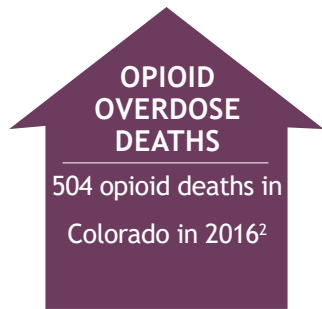


OPIOID USE IN COLORADO:

Colorado Medicaid
Addresses Addiction

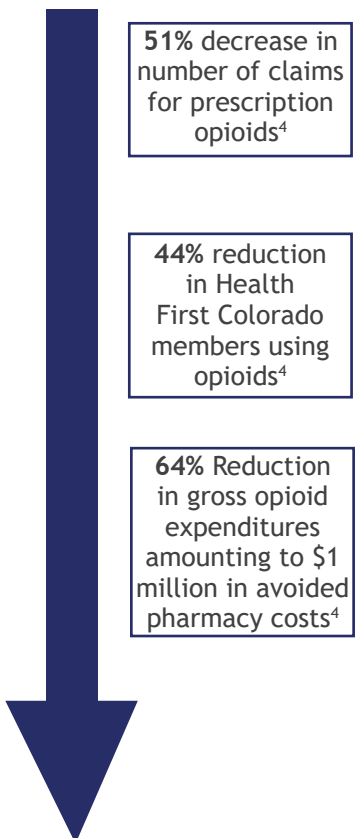
Opioid misuse is a serious problem in Colorado and across the nation. In 2017, more than 2.1 million people in the U.S. had an opioid use disorder. 47,600 people died in 2017 from opioid overdose—more than double the number who died in 2007.¹

Opioid Epidemic: State of Colorado

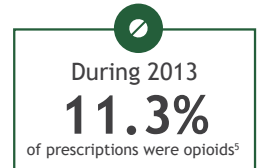
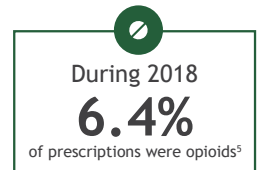
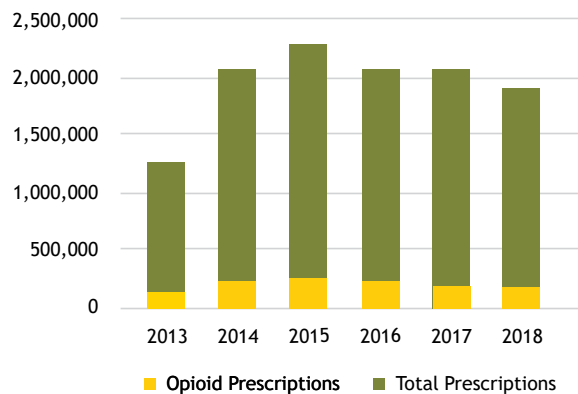


Opioid Epidemic: Colorado Medicaid

Department Efforts 2014 -2018



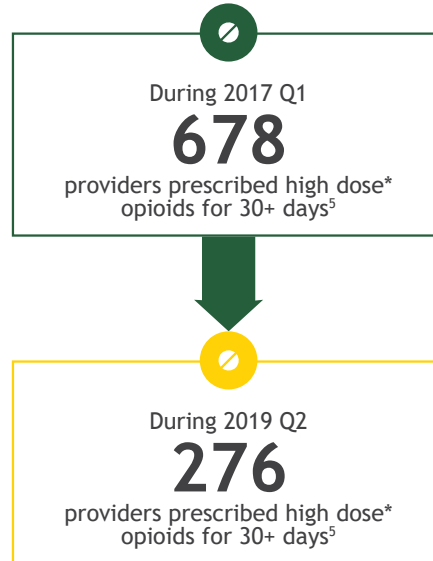
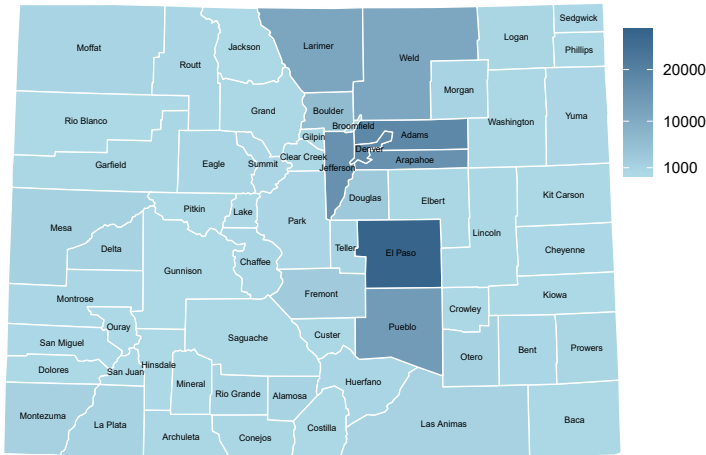
Opioid and Total Prescriptions⁵



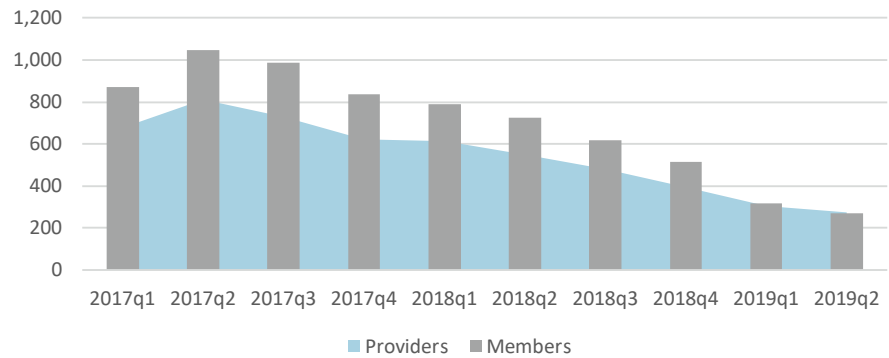
Opioid addiction can impact Coloradans of all ages. Pregnant women who use opioids may give birth to babies with Neonatal Abstinence Syndrome (NAS). These newborns may experience symptoms that require prolonged newborn hospitalization and medication management. The number of annual NAS births identified via Colorado Medicaid claims increase from 194 births in 2012 to 384 births in 2018.⁵

Evolving Our Programs and Developing Solutions

Medicaid Member Opioid Prescriptions by County⁵



Number of High Dose* Opioid Prescriptions for 30+ Days⁵



Treating Addiction and Dependence



We cover products to treat addiction or dependence, such as Suboxone[®], Vivitrol[®], methadone, and buprenorphine. We also cover substance use disorder behavioral health services.

Drug Utilization Review Program



Pain consultations and recommendations for drug utilization, provider education, interventions, and best practices.

Helping Providers Reduce Patient Addiction



Tools designed in collaboration with physician groups, hospitals, insurance carriers, and opioid management experts will be available in 2020.

Additional Opportunities to Address This Issue

- Leveraging Nationwide Best Practices:** Allowing Colorado Medicaid to access Prescription Drug Monitoring Program databases would allow the Department to understand utilization patterns and could help identify members at risk of an opioid overdose or who could benefit from care coordination services.
- Reducing Opioid Supply:** An initial seven day supply, rather than a 30 day supply is prescribed to members who have not had an opioid prescription in the past 6 months. Dentists are limited to prescribing an initial four day supply.
- Reducing Opioid Dosage:** Members on a pain management regimen decreased from 250 morphine milligram equivalent (MME) per day to 200 MME per day. The 200 MME limit does not apply to members receiving cancer treatment, palliative care, or hospice care.

¹Henry J Kaiser Family Foundation. <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

²coloradohealthinstitute.org/sites/default/files/file_attachments/Death%20by%20Drugs_0.pdf

³colorado.gov/cdphe/vital-statistics-program

⁴<https://www.colorado.gov/hcpf/news/health-first-colorado-initiatives-cut-opioid-use-more-50-percent>

⁵Data is 4th Quarter MMIS data for each year.

*Greater than 300 morphine milliequivalent doses or >300 MED.